



# SF Department of Public Health

## Sugary Drink Distributors Tax Town Hall Brief

### Appendix

In Summer 2018, the San Francisco Department of Public Health (DPH) partnered with Resource Development Associates (RDA) to conduct a series of six community town hall meetings across San Francisco neighborhoods to hear from community members about their funding priorities for the Sugary Drink Distributor Tax (SDDT) revenue. These are the notes taken on flip charts at the 6 Town Hall Meetings.

### Town Hall at Bayview September 11, 2018

#### Station #1: What types of programs do you think DPH should fund and why?

##### Programs DPH should fund:

1. Recreational Programs and access
  - Structured programs in parks
  - Increase outreach/awareness of programs
    - Park and Rec does not have partner listings
    - Need for a centralized hub of health information and activities
  - Sports, Tai Chi, Yoga
  - Baseball fields
  - More regimented instructors for evening and weekend programs
    - Paid positions for trained instructors
  - Expanding support for existing exercise classes
  - Increase access for families
  - Increase pool access for Seniors and families
    - Open at night
    - Allow open community time
    - Provide day-time access for elder community
  - Increase hours of availability for community exercise resources
2. Increase Food Access
  - Increase access to produce/healthy foods in Bayview
    - Provide more options
    - Challenges: difficult to meal plan
    - Provide culturally appropriate produce



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- Increase access to food pantries
  - Increase awareness through media support
  - Build collaborations with farmers
  - Open 7 days a week
  - Provide food in an emergency
  - Incentives like gift cards
  - Efforts are currently undertaken by churches, learning hospital, families taking on additional funding
- Hold Social events to encourage healthy eating
  - “Learn how to cook a nutritious meal”
  - Through CBO’s/Restaurants
  - “RadioAfrica” sponsor a night
- 3. Increase Food/Health Education
  - Education about food as medicine
    - Have clinics prescribe healthy food
    - Food on-site
    - Model exists elsewhere
  - Reach vulnerable populations
    - Translators w/food education
    - Reach missing communities of color
    - Seniors
    - Increase culturally relevant health education
    - Currently at multiple community locations
  - Youth-led education about how food industry targets public/community
- 4. Increase funding for sex education
  - Response to decrease in the use of protection
  - “youth-led”
- 5. Expand and increase health navigation
  - More professionals
- 6. Transportation
  - Increased support and funding for transportation to activities
- 7. Community-led research and data collection
  - Building repository and research
- 8. Increase youth access to community centers
- 9. MLK Pool – serve and engage with the community
- 10. Support existing programs
  - Youth media
  - BAYCAT
- 11. Medical Services – provide what people really need
- 12. Strengthen partnerships to fight barriers to access in communities
- 13. Build housing/address homelessness



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14. Cutting checks-supporting visions
15. Revamp MLK Park
16. Introduce health stores
  - o No booze
  - o No bartering

**Why they should fund them:**

1. Member of the SDDTAC and wants to hear from the community and build those connections
2. To enhance existing efforts
3. Discovery
4. Understand what is important to the community
5. Participated in focus groups and wants to see where the process is now
6. Represent older/frail adults (w/disabilities)
7. Nutrition Academic work/interest
8. Repping community
  - a. Wanting to learn

**Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?**

1. Initiatives for seniors
  - o Education
  - o Planning
  - o Chronic disease management
    - “Elder Refit” – health education, food access
  - o Youth mentorships with seniors
    - ‘Youth refit’ with elders
2. Targeted population approach
  - o Low-income SF residents
  - o Those affected by health hazards
  - o SDDTAC should explicitly call out who the target populations are
3. Funding for CBOs already doing great work
  - o Many groups are already doing great work, so there should be more funding for them
  - o Research to find out what approaches are working
4. Prevention of sugary drink consumption
5. Other groups can apply for community groups
6. Committee perspective is a broader perspective
7. Physical activity
  - o More walking opportunities (events, walking groups)



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- Address the barriers (safety concerns)
- 8. Access to culturally-relevant food and drinks
  - People resort to the foods they see if what they are used to is not available
  - The need to be conscious of demographics living in the area and address this need
- 9. Data-sharing and collaborating around the effects of the funding
  - Bucket suggestion: Provide a report-out of results that is community-centered
- 10. Support smaller organizations with DPH compliance
- 11. Funding for community to gather data for themselves (Community Participatory Research)
  - Empower community groups to gather their own data, they may find things that we can't capture
  - Ensure data comes back to the community, because information never makes it back out to the community
    - Ex. Health effects from living in a specific area
      - Talk to community members
- 12. Use funding to hire a data coordinator
  - Someone who can compile data in one location for the community to access
- 13. Provide incentives for organizations to work together
  - Ex. Monthly or quarterly check-ins
  - Collaboration for community capacity
- 14. Focus on health inequity
  - Educate youth about structures at play
  - Health education around what is causing health inequalities
- 15. Empower youth to be leaders (what lessons can youth bring home?)
- 16. Prioritizing solutions to the problem
- 17. Communicating the right message
  - Initial impression: SDDT will hurt the poor
- 18. Lifestyle Interventions
  - idea: Someone comes and organizes your fridge, creates a diet plan for you ("Youth Refit")
- 19. Make internships available for the community to get involved in the SDDT
- 20. Using the Collective Impact Model
  - Concentrate on service
- 21. Add a requirement for RBA certified training to RFPs

**Questions:**

1. Can we prioritize chronic disease prevention as an SDDTAC target?
2. Where is the funding directed?
3. Can funding expand to include other health hazards?
4. I see money going towards prevention, but is there funding for treatment?
  - For example, funding to help people who are already having problems with sugary drinks and other health hazards?



**Feedback:**

1. Participant sees a reflection of the work already done in the funding buckets that exist

## Town Hall at Mission High School September 12, 2018

### Station 1: What types of programs do you think DPH should fund and why?

1. Church involvement
  - Activities to encourage healthier eating/drinking
    - 'Taste testing' activity
    - Price tags, where available
2. Increase food education
  - Youth group= receiving and giving education
  - Food as Medicine
  - Food/nutrition education
  - Early education/care around nutrition
3. Youth-led initiatives
  - Participatory
  - Actively engaged
  - Parents participating in home
  - Takes place where youth are
    - Sports, clubs (at schools)
  - Online campaigns – social media
  - Cross-pollination/collaboration between multiple organizations (churches, community centers)
4. Increase funding for food pantries
  - Need more space
  - Resourcing (a lot of work) done for free in distribution, need funding
5. High School Programs
  - Healthy food tastings
  - Cooking class/electives
    - Peer education
      - HS students providing training/education to elementary and middle schools on healthy eating/drink and PA
  - Embed healthy cooking in Health/PE
    - CBOs could play a role in this



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- Teachers
  - Teach the science behind the ill effects of sugary drink consumption
- 6. Improve School lunches
  - Better “tastier” lunch and visual display of nutrition information
    - Accommodate allergies and dietary restrictions but still make it flavorful
      - Increase variety
      - Fresher foods
- 7. Increase resources for CBOs
  - Low SES in communities of color
  - Provide an intergenerational element
- 8. Include immigrant seniors
- 9. General health, walk-ins, blood pressure
- 10. Healthy practices/education
- 11. Physical Activity programs
  - Running groups for youth
- 12. School Lunches
  - Homecooked lunch – 1-2 days provided by local grocers
  - Students could help cook
  - Students could vote on the menu
  - Each period participates differently
  - Health classes not on same level
  - Student-led research → student survey
  - Vending machines (#?)
  - Gain concrete understanding of science
- 13. Cheaper, healthier food options
  - Student-led
  - Community gardens
  - Grow your own food
    - Outside of school, increase opportunities
- 14. Documentaries about food “health”
  - Advertise food documentaries and other health education in communities
  - Student film
  - Drive-in – Dolores Park
  - 0-5, targeting day care
    - System change, policy change
      - Food standards, h2O access
      - Physical activity
- 15. Nutrition education for parents
  - Meal prep (if limited access to healthy foods)



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- Targeting workplaces
  - Speakers
  - Teacher
  - Yoga discounts
  - H2O
  - Wellness programs
16. WIC
- Boosting existing education
  - Changing juice offering
17. Extended family providing care
18. Increase funding for community centers
- Family Resource Center
  - La Raza
  - Youth-led, peer education
  - Promote a model incorporating youth

**Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?**

1. Prenatal Health
- (4<sup>th</sup> trimester)
  - Critical (health/nutrition/lactation)
    - Specific populations
    - High-risk for pre-term birth
2. School Programs
- Physical Activity
    - Funding for programs around PA
  - Maintenance of facilities
    - Cleanliness (cafeteria, bathrooms, everywhere)
    - Rats
    - Drinking fountains don't work
    - We want cleaner fountains, cold water, trustworthy fountains
    - Lack of trustworthy fountains causes youth to resort to sugary drinks
  - Food education courses
    - Cooking classes in school offered as electives
    - Kids often don't have time for after-school activities
  - School lunch
    - Free breakfast, school lunches
    - Quality of the food is lacking



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- A need for culturally relevant food
- A need for food you can trust
- School trips
  - Creative around encouraging PA
  - Encouraging organized sports, field trips
  - Affordable opportunities
- Amenities
  - Pools, tracks, facilities for PA
- 3. Prison Conditions
  - Providing prisoners the essentials
    - Sandals, medicines, toothbrushes, etc)
    - Place a focus on youth in prison
- 4. Proper food handling
  - Train staff to handle food properly
- 5. Accountability measures for basic needs
  - Transparency around funds
  - Accountability for funds going to Public Education
    - After-school programming, etc
  - There is a dissonance with healthy equity and what is happening at the school
- 6. SDDTAC won't get to all the necessary issues
  - Accountability for SDDT funds
    - An additional process is needed, SDD tax is not enough to do this
- 7. Equity lens
- 8. Age lens
  - Infants, babies, parents, 0-5 lens
- 9. Funding for CBOs doing policy work
  - Funds for policy change
  - Policies need to work with the community
- 10. Physical Activity
  - There is a need for more focus on safe spaces
  - How to use equipment
  - Incentives for PA, ask community what they want or need
- 11. Media-awareness campaign funding allocation is too low
  - Need an initial focus on getting community input before making changes
- 12. Funding local workforce development
  - Local community members to disseminate information
- 13. Involvement with other community initiatives
  - There are current examples of community members mobilizing around housing and immigration issues (Carnaval SF, CALLE 24)
  - Tap into these movements
- 14. Mental Health





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- Healthy use of screen time and social media
- 15. Multi-lingual and culturally competent health education and media
- 16. Lack of diversity of people utilizing bike lane
  - Why?
    - Education
    - Lack of awareness
    - Messaging
- 17. More funding for oral health care
  - Healthy SF does not offer dental or vision insurance coverage
  - More funding needed for low-income populations
- 18. School visits by healthcare professionals
- 19. Lack of knowledge on what resources or help can be accessed in non-white communities
- 20. Messaging
  - One size does not fit all
  - For example: DPH messaging for HIV is not reaching all vulnerable groups
  - It needs to be targeted
  - Needs to reach the poor, those with language barriers
- 21. Realize that the community's first concerns are not healthy eating or PA
  - Housing, immigration are top concerns
  - Important to be aware of community's top concerns
- 22. Organize events that combine causes
  - Ex. Healthy food access and housing
    - Cater events with healthy food and discuss issues around food access and healthy eating
- 23. Prioritize finding solutions
  - Are strategies being used been proven to work?
- 24. Need for structure around funding
  - Sees the buckets as an opportunity to re-organize and create a path of activities and interventions
  - Sees an overall logic model for the investments
- 25. Rallies, picnics, outside of commute hours
  - Events that are family friendly
- 26. Understanding your relationship to food
  - Community gardens
  - How does food get to the table
  - More education on food

**Questions:**

- 1. Who is being funded?
  - Funds are not going everywhere that they need to



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- Need to account for different languages and backgrounds when disseminating information

**Feedback:**

2. Someone agrees with all funding buckets as being top priorities in SF

**Station #3: What would make you feel like SDDT has made an impact on your community?**

1. Stores selling fresh and healthy food
  - Store owners say “Customers are demanding fresh foods”
  - Corner stores that sold fruit/food
  - Affordable/free healthy food
  - (water is more expensive than soda)
  - Cheap and healthy stores in neighborhoods
  - More fresh foods, community gardens
  - There are other things – more fresh food, eat and think about what’s going into the body
2. Access to real cooked food
  - Have real food, cooked in a kitchen
  - In a community center – especially during school breaks
  - Less vending machines in schools that sell sugary beverages
3. Water should be more available
  - Water from the tap
  - Global taps
  - Not from a bottle (ex. Bottled Life)
4. Vacant lots can be used as local grocery stores and facilities
  - – where people want to be
  - East Side should look like the West Side
5. Improve parks
  - clean them
  - more Open spaces
6. Recreational activities
  - Other activities include swimming
  - Community gym in the building
  - Activities over the weekend, so that children are not in the house eating ‘bad’ food
7. Healthy options should be easy options
  - Affordable and accessible
8. See metrics improve in communities



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- See health interventions be stable – continuity
- 9. Incentives to participate
- 10. Less soda in stores because people are not drinking
- 11. Increase in time that kids and adults have opportunities for physical activity
  - Diverse opportunities (not one size fits all)
  - During times that work
- 12. Social change
  - (A bit unfair) – eventually people won't pay high prices → instead community resources to direct people to other types of drinks
- 13. Community center that packaged and gave food, situated in the community
  - Accessible evenings and weekends
- 14. Decrease in rates of diabetes
  - Stats from Mexico decreasing
  - This as our goal, this is impact annually
- 15. Community members are willing to share stories about impacts – publically
  - Have participants know that it's the soda tax
  - Campaign people from the community (leaders on the materials ex. Billboards)
    - Impact the rest of the country
- 16. Change in community behavior
  - Families are excited about eating more fruits and vegetables and water, family and community level awareness
  - Community – behavior change, less soda, more water because that is what consumers are purchasing
  - Don't see parents on the street giving children sugary drinks
- 17. Fitness level for youth will improve
- 18. Dental improvement in the young people

## **Town Hall at Minnie and Lovie Ward Recreation Center September 17, 2018**

### **Station 1: What types of programs do you think DPH should fund and why?**

- 1. More fitness programs
  - Walking groups
    - Example: fog walkers
    - Get to know the community
- 2. A fitness room
  - Learn what the best cardio is
    - This is onsite and has equipment
    - Boxing
    - People use the facility on their own





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3. Programs in all age groups
4. Healthy parks
5. Cooking programs
  - Nutrition
  - healthy, tasty cooking
  - Free, since it costs \$65
    - Better choices
6. Invest in neighborhoods, healthy retail
  - OEWD
  - Soda tax is going here
  - Korean Market opening up
7. Have a local pharmacy/ clinic for children
  - Quick response
  - Too far/ and people can quickly act on this
8. Community gardens
  - Ensure that there is someone who can keep the garden active
  - Proper facility to protect veggies
  - Have work days and workshops
  - Dedicated staff parks/rec
9. More participation in rec council

**Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?**

10. Water stations
  - More water stations
  - For pets as well
11. Available environmentally friendly materials
  - Pitchers vs. bottled h2o

**Station #3: What would make you feel like SDDT has made an impact on your community?**

1. More education about “diet” drinks as they are unhealthy too
  - Juice also high in sugar
2. More healthy brands and options
  - Seeing less soda in stores
  - Less demand, more water
3. Not seeing community members drinking so much soda
  - Educated consumers
  - Presence of h2o stations
  - SEE results



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- Trainer at their community centers
  - Revitalized community gardens
- Walking groups

## Town Hall at SF Main Library September 19, 2018

### Station 1: What types of programs do you think DPH should fund and why?

1. Dental Care
  - For Low-income seniors
  - Free dental cleaning for youth
  - Dental for all!
    - Regular preventative care
2. Healthy food vouchers
  - Farmer's market
  - Eat SF
  - Increase \$ so they are offered more than limited time
  - Available by need not time
3. Curry Senior Center
  - Fit bits
  - After-school Education – on-site schools
  - Cooking class – cool chef
4. Transportation
5. Increase staffing for after-school garden support
6. Education for cooking too
7. Community gardens
  - inaccessible to folks/youth
8. Diversity
9. Central Resource Center
  - Creating website for resources
  - Places to go for delivered healthy food
  - Low-income gyms
  - Bargains
10. Have school gardens
  - Teaches importance of healthy food/living
  - Integrate science /biology learning
  - At some school but want expansion
  - Life skills



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- Provide fresh produce
- Snacks at schools
- Decrease vending machine
- 11. Increase food storage
  - Utilize kitchens more
  - Open kitchen → community activity
- 12. Enhance food banks
  - Increase space
  - Infrastructure
  - Language → how do we communicate about food banks to different people
    - Tech needs
    - Languages
- 13. Marketing around existing programs
  - Income threshold is barrier
  - Social media
  - Celebrity spokesperson
  - Promotores → education communication
  - Concert/giveaways
    - Attend different events
- 14. Studies to understand who is not using services
  - Continuing focus groups
  - Community research
  - Hiring people in training community
- 15. CBO-run grocery
  - Eradicate food deserts
  - Healthy food practices
  - Job/vocational training to staff
  - Cop-model → food
- 16. Increase resident-led healthy corner stores
- 17. Dietician/nutritionist led programs for those chronic illnesses
  - Providing oversight
  - Review/design materials specific to pop. needs
  - Culturally responsive
  - Responsive to specific health needs
- 18. Youth-led
  - Funding for youth empowerment
  - Cohort of youth leading others
- 19. Healthy replacements
  - At corner stores → increase options!
  - Taste tests
  - Giving samples



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- Resident-led
- Store tours
- 20. Advertising → bright, attractive
  - New healthier food options
- 21. Incentives → Bernal bucks
  - Promotional giveaway discount
- 22. Culturally relevant PA
  - Tai Chi
  - Hip hop class
    - Specific gyms/locations

**Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?**

1. Parks
  - Cleaning parks (bigger trash cans, compost bins)
    - Has seen positive results from installing larger trash cans
    - More funding for Rec and Park to keep up public parks
2. Educate clinicians
  - More screening
  - More referrals for healthy eating and PA recommendations
  - Referring them to programs: Calfresh, meal programs, food pantries, school meals
3. Referrals for PA
  - Personalized
  - Take into account their access
  - Free Zumba classes
  - Free yoga classes (offering alternatives)
  - Wrap-around services
  - Barriers: transportation
4. Health case managers in school
  - similar to how schools already have academic case managers
  - Dieticians
5. Eye care
6. Acupuncture
7. Oral health
  - Increase access to for the above 3, and highlight as priority areas
  - Dental services for seniors (affordability)
8. Mental health
9. Nutrition



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- Making meals nutritious
  - Healthier ingredients
    - Organic
  - At TNDC (Tenderloin Neighborhood Development Corporation)
10. Curry Senior Center
- Surveyed staff and seniors
    - More financial assistance for in-home support services (help preparing meals is one component)
    - Health and wellness weekend services
    - Resources for outings beyond neighborhood
    - Food vouchers through EatSF – Access to these vouchers has stopped
    - Farmers market access
11. After-school programs
- Bayview and Hunter's Point
  - More PA
  - Better PE programs
  - More accessible
12. Seniors
- Can't afford to hire someone for PA programs
13. Affordable housing
- Seniors (don't have jobs on SSI, rising rent prices)
  - Housing for unemployed, transition housing
14. Resources for job-hunters
15. Navigation Center Systems
- Incorporating more healthy food options
16. Culturally appropriate food programs (Curry Senior Center)
- Culturally appropriate but healthier
  - Ex. African-American pop. culturally competent foods combatting hypertension
17. High priority topic → Diabetes
- Many people affected – Add on action component
18. Fitness vouchers
- Create a challenge for people to sign up and gain vouchers, incorporate what they're learning
19. State of the streets
- Demoralizing
  - Tenderloin – trash, food, cleanliness
  - Affects people's health, perception of health
  - Wants cleaner streets
  - Streets safety and clean drinking water
  - Cleaner bathroom facilities
  - Cleaner water combats sugary drink consumption





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20. Street cleaning
  - Rules for keeping streets clean
  - More laws in place to keep streets clean
21. Treatment and recovery programs
  - Address the core route – outpatient and inpatient clinics
  - Detox services
  - Addiction services
22. Access to cooked food
  - May be homeless
  - May live in SRO units with access to cooking appliances
  - Important equity issue
  - Healthy food for people who can't cook at home
23. Berkeley Sugary Drinks Tax
  - Healthy food and nutrition programs
  - School districts and (42.5% cooking class, gardening, nutrition)
  - Local community to promote healthy food and how to use it
24. Safe injection sites and healthy food combined
  - HALT
  - Triggers for using substances can be hunger
  - Not enough funds to address safe injection issues
25. Tap water
  - Concerns
    - afraid of dirty pipes, keeps people from drinking the tap water
    - services to check the pipes
    - awareness on cleanliness of pipes
26. Accessibility to community gardens
  - Patio gardens, rooftop gardens
  - Tenderloin People's Garden
    - Provides access to healthy food
27. Funds for research into urban farming
28. Funds to buy empty lots to grow food
29. Education to teach people about growing healthy food
30. look at systemic issues in accessing health care
  - technology to help people get enrolled in health services
  - technology to offer health services
  - Technology and resources for health access
  - Technology to allow people to access health history
  - Funding a system-wide analysis of the barriers to access to healthy food, healthy living
31. Funding for someone to connect all the services together into an easier way to access
32. Funding dept. to connect organizations already doing this work
  - Research into issues



- 33. Calfresh
  - Underutilized (get more people to use these services)
  - Leverage to bring in more federal support/funding
  - Hard to get enrolled
  - Not enough community support
  - Barriers to access, immigration
  - Make it easier for people to enroll
- 34. Public parks
  - Parks should be accessible → safety
  - Within 10 minute walk
  - Park beautification
  - Create better perception
  - Make it easier to be healthy

### **Station #3: What would make you feel like SDDT has made an impact on your community?**

1. Visually I want to see more community gardens and classes to learn how to grow food
2. More information/education about sugar. It should be mandatory for places to share what they are selling/giving away
  - Sugar content
3. Cards that share sugar content
4. Tracking # of programs connected, staffing increase in CBOs
5. Decrease “food swamps”
  - Stuff available is not the freshest
6. Health education implemented in schools
  - Ex. Water dispensers
  - Health/food education that is family-focused and culturally relevant
  - Supplement food
7. Get family/parents on board to reinforce what youth are learning
8. ABUNDANCE
9. Seniors enjoy backyards
  - facilities squeeze out seniors
  - Social interactions
  - Dancing. Singing
  - Beautiful place
10. Decrease consumption of unhealthy food/drinks
  - Organizational capacity building
  - Hire health workers
  - Infrastructure building
  - Reduction in consumption of sugary drinks that are not soda-like



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- Ex. Boba tea
- 11. Increase consumption of healthy food, ex. Healthy Corner Store Coalition
  - Checked on using a grading rubric, if # increases they get compensated
  - “Tenderloin is a food desert”
  - Healthy options at the corner stores that is affordable
  - Choices that are healthy
  - Buy-in from youth to want to consume healthy food/drinks
- 12. Culturally relevant foods
  - Part of their regular diet, food that people eat at home
  - Cooking and nutrition programs that are peer-based
- 13. TNDC
  - Food justice
  - People live in SROs, healthy kitchens are not accessible then have healthy food at stores
- 14. Community events
  - prioritize healthy home-made food and fresh veggies and water – that they are excited about
- 15. Healthy and delicious food at school, doesn’t even have to be homemade
  - Hired additional chefs
- 16. Hear more success stories
  - Branding
- 17. Water options that feel refreshing, exciting
  - Ex. Tea
  - “When I’m on the muni, I want to see young people drinking something other than soda”
  - They are starting their lives, in 40 years it will add up
- 18. Signage of education/nutrition facts about the drinks (boba)
- 19. Reduction in energy drink consumption
  - Are they including the sugar tax
- 20. Regardless of income/housing status people will have healthy food
  - Make it easy for most impacted to access healthy food

## **Town Hall at Hamilton Recreation Center September 20, 2018**

### **Station 1: What types of programs do you think DPH should fund and why?**

1. Nutrition Education
  - What’s healthy and not
  - How to read nutrition labels
  - Workshops for TAY leaving home
  - Schools, rec centers, senior centers
  - Convenient and enticing



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- Offering childcare
  - Grocery giveaways
2. Health food in school
  - Tastes good
  - Homemade → not packaged, not pre-made
3. Healthy snacks
  - Have students inform the menu
  - Taste tests
4. Affordable healthy options
5. Work with communities over time, identifying why it is hard to change habits
  - Supportive dialogue
6. Tax corporations → fast food
7. Continue organized sports in and after school
  - Build confidence
  - “Hour (outside or exercise) a day” campaign
  - Like library, provide incentives
8. Faith-based
  - How to prepare healthy foods
  - Healthy food offering
  - Train to eat
  - Health professionals
  - Incentives
  - Gift cards
  - Kitchen tools
  - Chefs teach classes
  - Exposure to new food and seasonings
  - Support expansion
9. More affordable education/opportunities for young children
  - Talk to/educate to ECCD (pre-school) providers → providing healthy foods
10. Mobile grocery = healthy, out of ordinary foods
11. Cooking demos → new exciting techniques , tools (making pasta)
  - Cooking classes for middle school
  - Like at YMCA
  - Include the parents
  - Build into ‘back-to-school’
  - Community is part of a building
12. Education at work/jobsites about diabetes/chronic illness
13. Increase education opportunities for homeless, low-income
14. After-school care, linking to services that people need
  - Adult daycare
  - Transportation



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- Childcare
- Attending to surrounding needs
- 15. Access to healthy food
  - Utilize empty indoor space for farmer's markets
- 16. Expanding farmer's markets to neighborhood
- 17. Expand enrollment in Calfresh, WIC, etc
- 18. SHA (School Health Advisory SFUSD)
  - PSA Competition
    - Incentives = \$
- 19. SFUSD Youth
  - Advisory Board working with DPH
  - Ambassadors to peers/schools
- 20. Get out in the community
  - Schools
  - After-school
  - Projects
    - Hands on "soda research" on soda studies
  - Parks

**Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?**

1. Urban Farming
  - Gardening education for youth
    - Incorporating into school curriculum
2. Increase refillable water stations with community
  - Lincoln School → 2 refillable water stations
  - Current perceptions of drinking water not being clean
  - Increase access to refillable water stations
  - Increase refillable water bottles
  - Refillable water station of Clement and 3rd
  - Installing in parks
3. Funding for food access issues
4. Funding to combat poverty
5. Programs for previously incarcerated
  - culinary courses
  - urban farming
6. Funding for evidence-based research
  - Targeting the decrease sugar consumption



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- Learn from counties that have decreased sugar consumption
- Build in funding for organizations to have evaluation of evidence or support initiatives that work
- 7. Youth programs
  - educational programs
  - tutoring – during or after school
- 8. Funding for community engagement
  - Outreach → town halls
- 9. Reaching folks that aren't aware/invested
  - Have schedule conflicts
  - Language barriers
  - Low income
- 10. Cooking classes for youth
  - School curriculum
  - After-school programs
- 11. Capturing data from groups that aren't disaggregated
  - Disaggregate data from particular communities
  - Subgroups may be more affected than others
- 12. Funding going towards most vulnerable groups
- 13. Advocacy group
  - Taxing corporations producing unhealthy food/drinks
- 14. Subsidizing healthy food lowers cost on healthy options
- 15. School food
  - Low quality increases funding for healthier foods, healthier options
  - How to prioritize healthy foods, organic options, dietary restrictions, how to prioritize making it more accessible to eat healthy
  - Serve school breakfast
  - Offer healthy options
  - Providing enough for meals
  - Providing space for studies, homework
- 16. Decrease in sugar in drinks being produced by the companies
- 17. JCYC youth groups
  - Has limited funding
  - Increase funding for healthy snacks and meals for after school programs and for other CBOs
- 18. Community kitchen
  - People can come cook their culturally relevant foods
- 19. Increase media awareness campaigns
  - Reach youth through social media
  - Teachers can give youth education on benefits of drinking water
    - Negative effects of sugar



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- Awareness that youth are drinking more soda than water
- 20. Eliminate sugary drinks in vending machines
- 21. Converting unused space to promote healthy options
  - Water fountains
  - Rooftop gardens
  - Community gardens
- 22. Awareness of disease risk of sugary drink consumption
  - Diabetes
- 23. Demonstrations on healthier carbonated beverages
  - Healthier carbonated alternatives
  - Showing people how to infuse water with flavor
- 24. Funding to present water in a more visually enticing way
- 25. Stop selling candy and soda in schools
  - Met with complaints
  - Forced people to choose healthier options
- 26. Working to do outreach to companies
  - To impact the food offered to employees

**Station #3: What would make you feel like SDDT has made an impact on your community?**

1. Decrease in diabetes rates
2. Less soda in store
  - Decrease in soda consumption
3. Better food and affordable fresh food and veggies
  - Healthier foods in stores, more vegetables
4. Education on the negative effects of sugary drinks
  - Teach children that soda is bad for you
  - Educate people that sugar is in more than just soda
5. Healthier beverage options at events and in vending machines
6. Increase the overall awareness of healthy alternatives- get them excited through:
  - Speakers and role models
  - Ex: Warriors Player, Public Figure
  - Have a commercial with a celebrity
  - Show them how they eat healthy
  - Use influencers to talk to peers about healthy eating and drinking
7. Advertisements that show the joy and fun in making healthy choices
  - The images lean on healthy choices
8. Youth leadership around health
9. Incentives to encourage people to make healthy choices
  - Reusable water bottles



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10. Health insurance and health services to support people who have the diseases
11. Schools should offer fresh food
12. Better access to dental care
  - More people going to dentists, less sick days
13. In years to come, we see decrease in revenue from the taxes if children are more educated by their parents to eat and drink healthy
14. Decrease in sugary beverage sales and increase in healthy options
15. Decrease in diabetes and high blood pressure. Increase in healthiness:
  - Physical activities
  - Better health outcomes
16. Education and marketing, better and deeper way to educate on the implications
17. Health class- healthy eating
  - CBOs and FBO offer healthy eating
    - Collaboration facilitated by DPH
18. More PA and healthy eating
  - See people run more and eat healthy
  - Playing outside more
  - Learning more about the community
19. Word of mouth, soda costs too much
20. People actively seeking out healthy options
  - Ex: going out of your way to healthy food
21. Salad drive-thrus
22. Big stores don't sell soda, but they have alternatives that are healthy
23. Restaurant that makes food from scratch
  - Ex: food court
24. See people more healthy
  - Faster and stronger
  - Have more energy

**Question:**

1. Does DPH currently have plans to grant out funding plans to give the most in taxes, what is the mechanism?
2. How does DPH make sure funding going towards most vulnerable grant? The amount of tax revenue generated from that district

## **Town Hall at Betty Ann Ong. Rec. Center October 1, 2018**

### **Station 1: What types of programs do you think DPH should fund and why?**

1. More health classes and promotion (more in Chinatown)
  - How to read nutrition labels







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- How to eat healthy
  - What type of food is most healthy
  - Best types of exercising
  - In church facilities
  - Cooking classes
  - Favorite food and health
  - Encouragement
  - Free give away
  - Have song about not drinking sugary drinks
  - Connect with summer sport program
  - Increase 1,000
  - Healthy snacks
  - Information about healthy food
2. Chinatown public health partners with church- life enrichment class
  3. CT YMCA = program for family SRO
    - Exercise activities
    - Cooking classes led by nutritionist
    - Over 500 families- only 60 families lack of funding
  4. NEOP C.P. increase funding
    - All funding ending (state funded)
    - Young mothers/ caretaking
    - Access point for whole family
    - Easier to change children when they
  5. Youth
    - Activity, physical
    - Bribe with activities
    - Go to park after class
    - Weekend field trips
  6. Incentive
    - Groceries to recreate recipe
    - Childcare at activities, but everyone comes back to eat at community
  7. Adult programs
    - By contract, orgs. Staff have to participate in training/seminars/science background nutrition
    - Zumba
    - Meal component
    - More training/ placement
    - Include health/wellness
  8. Create pipeline for learning/career options within health
    - Afterschool program/ CBO's
    - Internship within field and SEDC
  9. Healthy retail
    - Increased access to healthy foods
  10. ACCESS
    - DPH go to communities
    - Targeted outreach – programs that reach adults where they are
    - Places of employment



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- Casino
  - Culturally responsible cooking demos
  - Bring dish and have the nutritionist give healthy option
11. Address/ change what stores are selling
  12. Community ownership
    - Training of trainees
    - Peer- based workshops
    - Visible, project based learning about sugar consumption
    - Volunteers/retirees teach P.A. classes dancing
    - Tea dialogues
    - Cooking classes
    - Garden tea party
  13. Build activity into school learning- youth led link back to T.O.T idea
  14. Ed/ outreach at churches

**Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?**

1. Access to water (safe drinking)
2. Daycare to help parents
3. Tutoring
4. Healthy retail spaces
5. Policy to change the ways organizations handle food and beverages
6. Have community organizations hire people from the community
7. Culturally/ethnically specific health education
8. Infrastructure-
  - is our city built for health (walking, eating well)- we have to drive, take a bus, the environment is not set up
9. Venue/space to be able to do physical activity
10. Living conditions are crowded
11. How to engage/outreach to people who are isolated?
  - "Asian meals on wheels"
12. Health education in the garden
13. Education when children are young
  - School district should have health education curriculum
14. Culturally appropriate colorful materials that are age appropriate
15. School and family and restaurants need to be educated
16. Get restaurants to use good oil
17. Leverage community organizations to partner and have all age groups + orgs that have good oversight
18. Also target restaurants
19. Community and state fairs
20. Promote "healthy restaurants in Chinatown"



### Station #3: What would make you feel like SDDT has made an impact on your community?

1. Seeing less sugary drinks/ greasy food on students
2. Seeing more education on health offered to the community
  - Visuals of sugar amounts in products
  - Marketing health for younger people
  - More understanding WHY young people are drinking/eating sugar
  - Create culturally concurrent awareness
  - Measure impact with pre and post- community health changes
  - More comprehensive health information
  - Giving community a platform for their ideas and having it get to the people who will apply it
  - Funding/support to orgs. That are providing health education
  - Funding also for culturally localized outreach
  - This will increase awareness and attendance
  - Outreach through media (Chinese media)
  - More people will engage in taking surveys
3. Funding towards evaluations
  - Evaluate:
    - Eating habits
    - Disease/medical history
    - There are currently not much evaluations on these metrics
4. Family focused health intervention
5. Having kids involved in more health centered programs
  - Lower crime rates
6. Lower diabetes and heart disease rates
7. Taking sugary products off shelves
  - More healthy alternatives
  - Healthier markets
8. Change in what people buy at the store
9. Stronger anti-sugar ads
  - Different sources of media
  - Stronger ads (positive) for healthy options
  - More physical activity
    - Increased fitness
    - Lower BMI
10. See soda corps. Go out of business
11. Make soda fountains harder to access
12. Health options in vending machines
13. Community check-ins of the progress of SDDTC
14. More free access to healthy food
  - Free access to workout classes
15. Indicating what orgs./programs are receiving SDDTC funds



## Cantonese Group

### Station 1: What types of programs do you think DPH should fund and why?

1. More health and nutrition classes
  - o in Chinatown and churches.
2. Nutrition tips and classes
  - o label reading
3. Nutrition materials need to be attractive and colorful
  - o Exercise
4. Healthy cooking topics are very helpful
5. Chinatown public health center, life enrichment classes
  - o Have helped her tremendously in changing her shopping and dining habits.
  - o YMCA
6. Ruiz Yi Li SRO mentioned there are 500 SRO, weekly dinner, healthy foods, children program are important .
7. More media promotion to advocate for healthy eating changes
  - o Focus target populations
  - o General
  - o young parents and grandparents
  - o caretakers
8. Evaluation studies for Chinese eating habits and diet changes 'impact on their health'

### Station 2. What would make you feel like SDDT has made an impact on your community?

1. Provide a platform for community to pass on ideas to city government
  - o So community can prosper
2. Environment in Chinatown is difficult for people to live in
  - o Funding to chinatown eg. For healthy nutrition classes, SRO programs for them to learn to cook nutritious foods
3. More health classes
  - o Colorful, attractive culturally appropriate nutrition resources.
  - o Small step changes,
4. Funding for evaluation of results
5. Increase in client engagement
  - o Currently there are limited resources
6. Family focused health education
  - o to include Restaurant channel
  - o clients lifestyle changes

### Station 3. For the funding recommendations for community based grants, what is missing?

1. Age appropriate



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2. Culturally appropriate
3. Colorful materials development
4. Ethnic-specific nutrition interventions
5. Ethnic-specific physical activity interventions
6. Family education
7. Healthy restaurants
  - Introduce programs
  - Restaurant to restrict the use of carcinogenic oil
8. YMCA:
  - Leverage community funding to support to all age groups and different community groups, strategies to include healthy eating.
9. Important to participate in Community cultural fairs
10. Funding for evaluation of Chinese eating habits and health disparities
  - Prevalence of pre-diabetes and diabetes over 50 % in Chinese community.



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**Recommendations submitted from SF Marin Food Bank to SF DPH by email, received October 1, 2018:**

**FOOD BANK RECOMMENDATIONS**

**Food Access**

1. Invest in facilities (food storage, manufacturing, distribution and office space), equipment and systems/technology for community-based organizations in a key position to expand distribution of nutritious food to SSDTAC target populations. To use the Food Bank as an example:
  - a. The San Francisco-Marín Food Bank believes they are serving less than half of the need in the county and with rising inequality, increased stigmatization and reduced access to federal food assistance programs, people are more food insecure than ever
  - b. The Food Bank is currently providing a broad range of foods through more than 210 volunteer staffed weekly food pantries to over 30,000 diverse, SSDTAG targeted households, many of whom don't access traditional social services.
  - c. 60% of the 42M lbs of food the San Francisco-Marín Food Bank distributes annually in San Francisco is free, fresh, seasonal produce.
  - d. The Food Bank is currently over its storage and distribution capacity and needs community support to expand its facility, refrigeration, fleet and technology in order to distribute more healthy donated food. The Food Bank is looking for support to grow its capacity and ultimately increase annual food distribution from 50 to 75M lbs annually.
2. Increase utilization of and collaboration between public and private food assistance programs, which will increase availability of healthy food to SSDTAC target populations
  - a. Develop marketing/advertising campaigns and outreach efforts to overcome demagoguery as well as pride, stigma, and outdated perceptions about CalFresh, WIC, school meals, food pantries and free meal programs that are barriers to accessing public and private food assistance programs. Recent challenges include the timing out of CalFresh eligibility waivers for able bodied adults without dependents and the recent Trump Administration proposed rule making CalFresh participation eligible as a public charge consideration. An upcoming opportunity is the recent historic state legislation making 42,500 low-income San Francisco residents receiving SSI/SSP eligible for the CalFresh program starting in the summer of 2019. In other states, typically 60-70% of SSI recipients receive SNAP benefits, which would mean 25-30,000 SSI recipients in San Francisco could receive over \$33M worth of CalFresh benefits annually. These benefits would leverage economic activity in the community, generating income for San Francisco government and retail employees and profits for businesses impacted by the Soda Tax.
  - b. Invest in sourcing and distributing an even greater variety of donated fresh seasonal produce and other healthy foods through private community-based organizations serving SSDTAC targeted populations
  - c. Facilitate and invest in further in-reach between targeted public assistance programs (CalFresh, School meals, Medi-Cal...) to increase enrollment in food assistance programs
  - d. Conduct research to measure food security and public and private food assistance program utilization in order to identify service gaps in target populations



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- e. Study key food assistance providers to identify systemic barriers to growth in public and private food assistance programs
- f. Invest in technology to improve outreach, referral and enrollment ease and collaboration between public and private food assistance programs
- g. Expand/develop welcoming and accessible neighborhood-based hubs/dedicated spaces as “one-stop-shops” for supplemental groceries, social and health services, education, information and referrals and application assistance for multiple benefits
- h. Expand social and public health services offered at a variety of pre-existing food assistance programs to tap into the diversity of low-income populations utilizing food assistance programs, but underutilizing traditional social and public health services
3. Increase collaboration between public and private healthcare providers, nutrition and health educators, and food assistance programs to improve food security and health outcomes, such as:
  - a. Invest in outreach/marketing to healthcare institutions and clinicians to screen patients for food security and to refer and enroll them in food assistance programs as needed
    - i. Ensure healthcare institutions have the tools and training they need to perform efficient on-line food assistance program screening, referral, and enrollment
  - b. Screen food assistance program participants for chronic diseases and refer to healthcare and education opportunities
  - c. Support specialized chronic-disease appropriate ongoing food pantry menus and medically tailored grocery and meal programs
  - d. Expand Food Pharmacy availability and programming to target more populations with additional preventable conditions like diabetes, hypertension, etc. for short-term food and education interventions
    - i. Offer more in-depth healthy lifestyle education curricula
    - ii. Expand menu to include additional healthy products
4. Support advocacy at the state level to improve the efficiency and effectiveness of California’s CalFresh program to increase utilization in San Francisco

**Nutrition Ed**

1. Expand support for current/add new nutrition education initiatives targeted to SSDTAC populations
2. Integrate nutrition education with food access, health interventions and CHOW’s
3. Expand other collaborative efforts that combine nutrition/health education with other complementary services, such as mental health, vocational training, food pharmacies and school-based education programs.